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CONFIRMATION NO. 9228

Bib Data Sheet

SERIAL NUMBER 10/614,925	FILING DATE 07/08/2003 RULE	CLASS 424	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. 1067.08
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APPLICANTS

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** CONTINUING DATA *****

HAB none

** FOREIGN APPLICATIONS *****

HAB none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 10/02/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>			

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TITLE

Emu-based compositions for mental well-being and method of use

FILING FEE RECEIVED 447	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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